

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000112301

1. Entity Name
TORCASSO CONSTRUCTION, LLC



Principal Place of Business 1170 E. NURSERY SANTA ROSA BEACH, FL 32459	Mailing Address 1170 E. NURSERY SANTA ROSA BEACH, FL 32459
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DO NOT WRITE IN THIS SPACE



02042007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3754473	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**TORCASSO, MARK
 1170 E. NURSERY
 SANTA ROSA BEACH, FL 32459**

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
 Due by May 1, 2007**

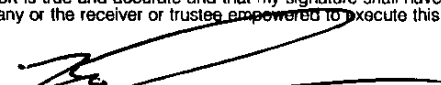
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TORCASSO, MARK 1170 E. NURSERY SANTA ROSA BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TORCASSO, RUSSELLE 1170 E. NURSERY SANTA ROSA BEACH, FL 32459
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **4/23/07** **850-368-5603**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #